

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES (EMS) AGENCY MICN STATEMENT OF CONTINUING EDUCATION

FIELD CARE AUDIT



Print in ink or type the requested information in the proper space. This form will not be accepted without your signature. **ENCLOSE THIS FORM WITH YOUR RECERTIFICATION APPLICATION.**

Date	Course Title	EMS CE Provider Name		IS CE er Number	Non-Instructor Based CE Hours	Instructor Based CE Hours	
MINIMUM 12	HOURS REQUIRED	TOTA	L FIEL	D CARE A	UDIT HOURS) =	
Doto	STRUCTURED Course Title	FIELD OBSERVA					
Date	Course Title	EMS CE Provider I	Name	EIVIS CE F	rovider Number	CE Hours	
MINIMALINA A	 HOURS REQUIRED TO MAXIMUM 8 HOU	IDE					
WIIINIWOW 4		L STRUCTURED	FIELD (DBSERVA	TION HOURS	S =	
	MISCELLANEOUS EMS C					1	
Date	Course Title	EMS CE Provider Name		IS CE er Number	Non-Instructor Based CE Hours	Instructor Based CE Hours	
	TOTAL MISCELLA	NEOUS EMS CON	ITINUIN	G EDUCA	TION HOURS	=	
			TOT	AL HOUF	RS: MINIMUM	48 HOURS	
	fully completed the)	PAGE 1 TOTAL HOURS =				
records will r	ducation listed above. I understand that false esult in immediate revocation or denial of medical contents and that the LAC Courty FM.	ny MICN		PAGE 2 TOTAL HOURS =			
	I also understand that the L.A. County EMstrmation given above to certify accuracy.	OVERALL TOTAL HOURS =				S =	
PRINTED NA	AME:			DATE:			
SIGNATURE: MICN CERT # N							

If you need additional space, use the reverse side of this form. You are required to maintain Continuing Education Records for four (4) years.

FIELD CARE AUDIT						
Date	Course Title	EMS CE Provider Name	EMS CE Provider Number	Non-Instructor Based CE Hours	Instructor Based CE Hours	
MINIMUM 12 HOURS REQUIRED		TOTAL FIELD CARE AUDIT HOURS =				

MISCELLANEOUS EMS CONTINUING EDUCATION HOURS							
Date	Course Title		EMS CE Provider Name	EMS CE Provider Number	Non-Instructor Based CE Hours	Instructor Based CE Hours	
TOTAL MISCELLANEOUS EMS CONTINUING EDUCATION HOURS =							